



#14  
CR  
6-24-02

Please type a plus sign (+) inside this box

PTO/SB/121 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **CORRESPONDENCE ADDRESS INDICATION FORM**

## **Address to:**

Assistant Commissioner for Patents  
Box CN  
Washington, DC 20231

Please recognize the following address as the correspondence address:

☒ Customer Number 27910  
OR Type Customer Number here



☐ Request for Customer Number (PTO/SB/125) submitted herewith.

in the following listed application(s) or patent(s) :

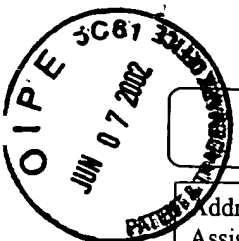
Patent Number (If appropriate)	Application Number	Patent Date (If appropriate)	U.S. Filing Date
	09/552,419		April 19, 2000

Typed or Printed Name	James H. Marsh, Jr.	<b>(check one)</b> <input type="checkbox"/> Applicant or Patentee <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> Attorney or Agent of record 24,533 (Reg. No.)
Signature	<i>James H. Marsh, Jr.</i>	
Date	May 31, 2002	
Address of signer:	1201 Walnut, Suite 2800 Kansas City, Missouri 64106-2150	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below \*.

☒ \*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**"FEE ADDRESS" INDICATION FORM**

Address to:

Assistant Commissioner for Patents  
Box M Correspondence  
Washington, D.C. 20231

**INSTRUCTIONS:** Only an address associated with a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application. If there is a Customer Number already associated with the fee address for the patent or allowed application, check the first box below and provide the Customer Number in the space provided. If there is no Customer Number associated with the fee address for the patent or allowed application, you must check the second box below and attach a Request for Customer Number form (PTO/SB/125). For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:

☒ Customer Number

27910



27910

**OR**

Type Customer Number here

☐ Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
	09/552,419

**RECEIVED**  
JUN 17 2002  
Technology Center 2100

(check one)

☐ Applicant/Inventor☒ Attorney or Agent of record 24,533  
(Reg. No.)☐ Assignee of record of the entire interest. See  
37 CFR 3.71. Statement under 37 CFR 3.73(b)  
is enclosed. (Form PTO/SB/96)☐ Assignment recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_  
Signature

James H. Marsh, Jr.

Typed or printed name

(816) 691-3155

Requestor's telephone number

May 31, 2002

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below \*.

☒ \*Total of 1 forms are submitted.

Burden Hour Statement: This collection of information is required by 37 CFR 1.363. This information is used by the public to submit (and by the USPTO to process) payment of patent maintenance fees. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 0.08 minutes to complete, including gathering, preparing, and submitting the complete payment of maintenance fees. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.